



TUMBLR'S PROGRAM REGISTRATION 2024

Does your child like to stand on his/her head, climb on the furniture at home? Then this program will offer your child the opportunity to explore their hand stands and climbing ability on the gymnastics equipment.

Instructor: Darcy Frook & Presley Winters **When:** Monday Evenings
Where: Mildmay-Carrick Recreation Complex Hall
Fall Session: Starts: Monday March 18th-May 6th 2024 (excluding April 1st)

| <u>Level</u> | <u>Age</u> | <u>Cost</u> | <u>Time</u> |
|----------------|------------|-------------|--|
| Tiny Tumbler's | 1-3 | \$61.00 | 4:30-5:00 pm (must be accompanied by an adult) |
| Tiny Tumbler's | 1-3 | \$61.00 | 5:00-5:30 pm (must be accompanied by an adult) |
| Tumble Kids | 4-6 | \$61.00 | 5:30-6:00 pm |
| Tumble Kids | 4-6 | \$61.00 | 6:00-6:30 pm |

*** Times are subject to change depending on registrations***

The personal information collected on this form is collected under the authority of the Municipal Act and will be used for registration purposes and to monitor and evaluate recreation programs for South Bruce. Questions about this collection should be addressed to the Recreation and Facilities Manager at 519-392-6623.

PARENT'S NAME: _____ PHONE: _____
 CELL: _____
 ADDRESS: _____
 EMAIL: _____

1. NAME: _____ M ____ F ____ LEVEL: _____
 AGE: _____ BIRTH DATE: _____ PRICE: _____

2. NAME: _____ M ____ F ____ LEVEL: _____
 AGE: _____ BIRTH DATE: _____ PRICE: _____

3. NAME: _____ M ____ F ____ LEVEL: _____
 AGE: _____ BIRTH DATE: _____ PRICE: _____

TOTAL: _____

| Office Use Only | | | |
|----------------------|----------------|----------------|--------|
| Date Received | Staff Initials | Amount Paid | Method |
| Date Payment Entered | Staff Initials | Receipt Number | |

Waiver of Liability, Assumption of Risk, and Emergency Contact

In consideration of being allowed to participate in any program, related events and activities, I, the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in these sports events is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my participation; and
3. I willingly agree to comply with the stated instructions and policies and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such knowledge to the attention of the nearest Coach, Instructor, Trainer; and
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify and hold the Municipality of South Bruce agents and/or employees, other sport participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event or activity ("Releases") harmless with respect to any and all injury, disability, death, or loss or damage to person or property, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

I understand, agree and acknowledge that some activities may be of a hazardous nature and/or include physical and/or strenuous activity. Understanding this, I state that I have no medical condition or impairment that might inhibit my safe and active participation in the above listed activity. In addition, I understand that the Municipality does not provide medical insurance coverage for activity participants and that any applicable medical insurance must be provided individually by such participants. In the case of injury or medical emergency and in the event participant, or their parent or guardian, cannot respond at the time of the emergency, the Municipality has permission to seek, administer, or have administered whatever first aid or emergency medical care deemed necessary for participant's welfare, and it is understood that participant, and not the Municipality, shall be responsible for any and all charges for such health care services regardless of whether participant's medical insurance would cover such charges.

****PLEASE NOTE:** If your child has any **medical condition** that we should know about, please explain below:

Signature: _____ Date: _____

(If participant is under the age of 18, parent/legal guardian signature)

Emergency Contact's Name: _____ Relation: _____

Phone: _____